



AMERICAN CANCER SOCIETY/AMERICAN SOCIETY OF CLINICAL ONCOLOGY BREAST CANCER SURVIVORSHIP CARE GUIDELINE		
Clinical Domain	Recommendation	Level of Evidence
<b>Surveillance for Breast Cancer Recurrence</b>		
History and Physical	It is recommended that primary care clinicians: Should individualize clinical follow-up care provided to breast cancer survivors based on age, specific diagnosis and treatment protocol and as recommended by the treating oncology team.	2A - NCCN guideline
	Should make sure the patient receives a detailed cancer-related history and physical examination every 3 to 6 months for the first 3 years after primary therapy, every 6 to 12 months for the next 2 years, and annually thereafter.	2A - NCCN guideline
Screening the breast for local recurrence or a new primary breast cancer	It is recommended that primary care clinicians: Should refer women who have received a unilateral mastectomy for annual mammography on the intact breast and for those with lumpectomies an annual mammography of both breasts.	2A - NCCN guideline
	<u>Should not</u> refer for routine screening with MRI of the breast unless the patient meets high risk criteria for increased breast cancer surveillance as per ACS Guidelines.	2A - NCCN guideline
Laboratory Tests and Imaging	It is recommended that primary care clinicians <u>should not</u> offer routine laboratory tests or imaging, except mammography if indicated, for the detection of disease recurrence in the absence of symptoms.	2A - NCCN guideline

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Signs of Recurrence	It is recommended that primary care clinicians should educate and counsel all women about the signs and symptoms of local or regional recurrence.	2A - NCCN guideline
Risk Evaluation and Genetic Counseling	It is recommended that primary care clinicians: Should assess your patient’s cancer family history.	2A - NCCN guideline
	Should offer genetic counseling if potential hereditary risk factors are suspected (e.g., women with a strong family history of cancer [breast, colon, endometrial], or age 60 or younger with triple negative breast cancer).	
Endocrine Treatment Impacts, Symptom Management	It is recommended that primary care clinicians should counsel patients to adhere to adjuvant endocrine (anti-estrogen) therapy.	2A - NCCN guideline
<b>Screening for Second Primary Cancers</b>		
Cancer Screenings in the Average Risk Patient	It is recommended that primary care clinicians: Should screen for other cancers as they would for patients in the general population.	
	Should provide an annual gynecological assessment for post-menopausal women on selective estrogen receptor modulator therapies (SERMs).	
<b>Assessment and Management of Physical and Psychosocial Long-Term and Late Effects of Breast Cancer and Treatment</b>		
Body Image Concerns	It is recommended that primary care clinicians: Should assess for patient body image/appearance concerns.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study

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	Should offer the option of adaptive devices (e.g. breast prostheses, wigs) and/or surgery when appropriate.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study
	Should refer for psychosocial care as indicated.	IA - RCT of breast cancer survivors
Lymphedema	It is recommended that primary care clinicians: Should counsel survivors on how to prevent / reduce risk of lymphedema, including weight loss for those who are overweight or obese.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study
	Should refer patients with clinical symptoms or swelling suggestive of lymphedema to a therapist knowledgeable about the diagnosis and treatment of lymphedema, such as a physical therapist, occupational therapist, or lymphedema specialist.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study
Cardiotoxicity	It is recommended that primary care clinicians: Should monitor lipid levels and provide cardiovascular monitoring, as indicated.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study
	Should educate breast cancer survivors on healthy lifestyle modifications, potential cardiac risk factors, and when to report relevant symptoms (shortness of breath or fatigue) to their health care provider.	I - Meta analyses of RCTs
Cognitive Impairment	It is recommended that primary care clinicians: Should ask patients if they are experiencing cognitive difficulties.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study

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	Should assess for reversible contributing factors of cognitive impairment and optimally treat when possible.	IA - RCT of breast cancer survivors
	Should refer patients with signs of cognitive impairment for neurocognitive assessment and rehabilitation, including group cognitive training if available.	IA - RCT of breast cancer survivors
Distress, Depression, Anxiety	It is recommended that primary care clinicians: Should assess patients for distress, depression, and/or anxiety.	I - Meta analyses of RCTs
	Should conduct a more probing assessment for patients at a higher risk of depression (i.e., young patients, those with a history of prior psychiatric disease, and patients with low socioeconomic status).	III - Case-control study or prospective cohort study
	Should offer in-office counseling and/or pharmacotherapy and/or refer to appropriate psycho-oncology and mental health resources as clinically indicated if signs of distress, depression, or anxiety are present.	I - Meta analyses of RCTs
Fatigue	It is recommended that primary care clinicians: Should assess for fatigue and treat any causative factors for fatigue, including anemia, thyroid dysfunction, and cardiac dysfunction.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study
	Should offer treatment or referral for factors that may impact fatigue (e.g. mood disorders, sleep disturbance, pain, etc.) for those who do not have an otherwise identifiable cause of fatigue.	I - Meta analyses of RCTs
	Should counsel patients to engage in regular physical activity and refer for cognitive behavioral therapy as appropriate.	I - Meta analyses of RCTs

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Bone Health	It is recommended that primary care clinicians: Should refer post-menopausal breast cancer survivors for a baseline DEXA scan.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study
	Should refer for repeat DEXA scans every 2 years for women taking an aromatase inhibitor, premenopausal women taking tamoxifen and/or a GnRH agonist, and women who have chemo-induced premature menopause.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study
Musculoskeletal Health	It is recommended that primary care clinicians: Should assess for musculoskeletal symptoms, including pain, by asking patients about their symptoms at each clinical encounter.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study
	Should offer one or more of the following interventions based on clinical indication: acupuncture, physical activity, referral for physical therapy or rehabilitation.	III - Case-control study or prospective cohort study
Pain and Neuropathy	It is recommended that primary care clinicians: Should assess for pain and contributing factors for pain with the use of a simple pain scale and comprehensive history of the patient's complaint.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study
	Should offer interventions, such as acetaminophen, nonsteroidal anti-inflammatory drugs, physical activity and/or acupuncture, for pain.	I - Meta analyses of RCTs
	Should refer to an appropriate specialist depending on the etiology of the pain once the underlying etiology has been determined (e.g., lymphedema specialist, occupational therapist, etc.).	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study

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	Should assess for peripheral neuropathy and contributing factors for peripheral neuropathy by asking the patient about their symptoms, specifically numbness and tingling in their hands and/or feet, and the character of that symptom.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study
	Should offer physical activity for neuropathy.	
	Should offer duloxetine for patients with neuropathic pain, numbness and tingling.	IB - Non-randomized clinical trials based on cancer survivors across multiple sites
Infertility	It is recommended that primary care clinicians should refer survivors of childbearing age who experience infertility to a specialist in reproductive endocrinology and infertility as soon as possible.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study
Sexual Health	It is recommended that primary care clinicians:	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study
	Should assess for signs and symptoms of sexual dysfunction or problems with sexual intimacy.	
	Should assess for reversible contributing factors to sexual dysfunction and treat, when appropriate.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study
	Should offer nonhormonal, water-based lubricants and moisturizers for vaginal dryness.	IA - RCT of breast cancer survivors
	Should refer for psychoeducational support, group therapy, sexual counseling, marital counseling or intensive psychotherapy, when appropriate.	IA - RCT of breast cancer survivors

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Premature menopause/Hot Flashes	It is recommended that primary care clinicians should offer selective serotonin-norepinephrine reuptake inhibitors (SNRIs), selective serotonin reuptake inhibitors (SSRIs), gabapentin, lifestyle modifications and/or environmental modifications to help mitigate vasomotor symptoms of premature menopause symptoms.	IA - RCT of breast cancer survivors
<b>Health Promotion</b>		
Information	It is recommended that primary care clinicians: Should assess the information needs of the patient related to breast cancer and its treatment, side effects, other health concerns, and available support services.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study
	Should provide or refer survivors to appropriate resources to meet these needs.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study
Obesity	It is recommended that primary care clinicians: Should counsel survivors to achieve and maintain a healthy weight.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study
	Should counsel survivors if overweight or obese to limit consumption of high-calorie foods and beverages and increase physical activity to promote and maintain weight loss.	IA - RCT of breast cancer survivors; III - Case-control study or prospective cohort study
Physical Activity	It is recommended that primary care clinicians should counsel survivors to engage in regular physical activity consistent with the ACS guideline and specifically:	III - Case-control study or prospective cohort study
	Should avoid inactivity and return to normal daily activities as soon as possible following diagnosis.	

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	Should aim for at least 150 minutes of moderate or 75 minutes of vigorous aerobic exercise per week.	I - Meta analyses of RCTs; IA - RCT of breast cancer survivors
	Should include strength training exercises at least 2 days per week. Emphasize strength training for women treated with adjuvant chemotherapy or hormone therapy.	IA - RCT of breast cancer survivors
Nutrition	It is recommended that primary care clinicians should counsel survivors to achieve a dietary pattern that is high in vegetables, fruits, whole grains, and legumes, low in saturated fats, and limited in alcohol consumption.	IA - RCT of breast cancer survivors; III - Case-control study or prospective cohort study
Smoking Cessation	It is recommended that primary care clinicians should counsel survivors to avoid smoking and refer survivors who smoke to cessation counseling and resources.	I - Meta analyses of RCTs
<b>Care Coordination and Practice Implications</b>		
Survivorship Care Plan	It is recommended that primary care clinicians should consult with the cancer treatment team and obtain a treatment summary and Survivorship Care Plan.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study; III - Case-control study or prospective cohort study
Communication with Oncology Team	It is recommended that primary care clinicians should maintain communication with the oncology team throughout your patient's diagnosis, treatment and post-treatment care to ensure care is evidence-based and well-coordinated.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study
Inclusion of Family	It is recommended that primary care clinicians should encourage the inclusion of caregivers, spouses, or partners in usual breast cancer survivorship care and support.	0 - Expert opinion, observational study (excluding case-control and prospective cohort studies), clinical practice, literature review, or pilot study